

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CERIAL NO.

APPLICANT'S

FILING DATE

10/533103

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2							52						
3							53						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		↓		↓								
TOTAL DEP.	6		←		←								
TOTAL CLAIMS	13												

BEST AVAILABLE COPY